

MULTIPLE DEPEN  
CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FO  
PTO-875)

SERIAL NO.  
10/538602

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		2		1			
4	1			1			
5	0			1			
6	0			1			
7	0			1			
8	0			1			
9	0			1			
10	1		1				
11		1		1			
12		1		1			
13	2			1			
14	0			1			
15	0			1			
16	0			1			
17	0			1			
18	0			1			
19	0			1			
20	1		1				
21	1		1				
22	1		1				
23		1		1			
24	4			1			
25	1			1			
26		1		1			
27	1		1				
28		1		1			
29		1		1			
30		1		1			
31		1		1			
32		1		1			
33	6			1			
34	7			1			
35		1		1			
36		1		1			
37	2			1			
38	0			1			
39	0			1			
40	0			1			
41	0			1			
42	0			1			
43	1			1			
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	7	↓	7	↓		↓	
TOTAL DEP.	47	←	36	←		←	
TOTAL CLAIMS	54		43				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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96							
97							
98							
99							
100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.		←		←		←	
TOTAL CLAIMS							